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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | |
|---------------|--|--------|--|--|--|
| Prefix | | Serial | | | |
| | | | | | |
| DATE RECEIVED | | | | | |
| | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and ind | icate change.) | | | | |
|--|---|--|--|--|--|
| Secured Convertible Promissory Notes; Preferred Stock issuable upon conversion thereof; Common Stock issuable upon conversion thereof; | | | | | |
| Stock Purchase Warrants, Preferred Stock issuable upon exercise thereof; Common | Stock issuable upon conversion thereof | | | | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 | Section 4(6) ULOE | | | | |
| Type of Filing: New Filing Amendment | | | | | |
| A. BASIC IDENTIFICATION | DATA . | | | | |
| 1. Enter the information requested about the issuer | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | | | | | |
| PIXIM, Inc. | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) | | | | |
| 915 Linda Vista Avenue, Mountain View, CA 94043 | (650) 934-0550 | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) | | | | |
| (if different from Executive Offices) Same | Same | | | | |
| Brief Description of Business | - 0.00 | | | | |
| Fabless semiconductor | PROCESSED | | | | |
| Type of Business Organization | 2005 | | | | |
| orporation limited partnership, already formed | Other (please speci fy) NR 09 2005 | | | | |
| business trust limited partnership, to be formed | | | | | |
| Month Year | THOMSON | | | | |
| Actual or Estimated Date of Incorporation or Organization: O 8 9 8 | | | | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | | | | | |
| CN for Canada; FN for other foreign ju | risdiction) C A | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) China Development Industrial Bank Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 125 NanKing East Road, Section 5, Taipei 105 Taiwan, Republic of China Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) The El Gamal Family Partnership Business or Residence Address (Number and Street, City, State, Zip Code) 1485 Hamilton Avenue, Palo Alto, CA 94301 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mayfield XI Qualified, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Mayfield, 2800 Sand Hill Road, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Mohr, Davidow Ventures VI, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Mohr, Davidow Ventures, 2775 Sand Hill Road, Suite 240, Menlo Park, CA 94028 Beneficial Owner Director Check Box(es) that Apply: Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) **Newbury Ventures** Business or Residence Address (Number and Street, City, State, Zip Code) 4 Orinda Way, Suite 150A, Orinda, CA 94563 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Weinschenk, Robert Business or Residence Address (Number and Street, City, State, Zip Code) c/o PIXIM, Inc., 915 Linda Vista Avenue, Mountain View, CA 94043 ☐ Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Yang, David Business or Residence Address (Number and Street, City, State, Zip Code) c/o PIXIM, Inc., 915 Linda Vista Avenue, Mountain View, CA 94043 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Chaplinsky, Robert C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Mohr, Davidow Ventures, 2775 Sand Hill Road, Suite 240, Menlo Park, CA 94028 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) El Gamal, Abbas Business or Residence Address (Number and Street, City, State, Zip Code) 1485 Hamilton Avenue, Palo Alto, CA 94301 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Roberts, Janice Business or Residence Address (Number and Street, City, State, Zip Code) c/o Mayfield, 2800 Sand Hill Road, Menlo Park, CA 94025 Beneficial Owner Check Box(es) that Apply: ☐ Promoter Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Shing, Alex (Number and Street, City, State, Zip Code) Business or Residence Address c/o China Development Industrial Bank Inc., 125 NanKing East Road, Section 5, Taipei 105 Taiwan, Republic of China Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Strahan, Randall K. Business or Residence Address (Number and Street, City, State, Zip Code) c/o PIXIM, Inc., 915 Linda Vista Avenue, Mountain View, CA 94043 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Executive Officer

Director

General and/or

Managing Partner

Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | B. IN | FORMAT | ION ABO | UT OFFE | RING | | | | |
|---|---|--|--|---|---|--|--|--|--|-------------------------|--------------|---|
| | issuer sold | | Answ | er also in A | Appendix, C | Column 2, i | f filing und | er ULOE. | | | Yes | No ⊠ |
| 2. What is | the minim | um investm | ent that wil | I be accepto | ed from any | individual | ? | | | | | |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | | Yes | No | | | | |
| commis offering with a | he informates sion or sing. If a person state or states of such a leading to the such a leading | milar remu on to be list tes, list the | neration for ed is an ass name of th | r solicitati sociated per e broker or | on of purc son or ager r dealer. If | hasers in it of a brok f more than | connection er or deale five (5) pe | with sales r registered ersons to be | of securion of sec | ies in the EC and/or | ! | |
| Full Name n/a | (Last name | e first, if ind | dividual) | | | | | | | | | |
| Business of | r Residence | Address (1 | Number and | l Street, Ci | ty, State, Z | ip Code) | | | | | | |
| Name of A | ssociated B | roker or D | ealer | | - | | | | | | <u> </u> | |
| States in W | hich Perso | n Listed Ha | s Solicited | or Intends | to Solicit Pr | urchasers | | | | | | , |
| (Check ". | All States" | or check in | dividual Sta | ates) | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | (Last name | e first, if in | dividual) | | | | | | | | | |
| Business of | r Residence | Address (1 | Number and | l Street, Ci | ty, State, Z | ip Code) | <u></u> | | | | | |
| Name of A | ssociated B | Broker or D | ealer | | | | | | | - | ···· | |
| States in W | hich Perso | n Listed Ha | as Solicited | or Intends | to Solicit P | urchasers | | · | | | | |
| (Check ". | All States" | or check in | dividual Sta | ates) | | | | | | | | ☐ All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | {FL} | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |
| | (Last name | | | | | | | | | | | |
| TD | D ::L | A 11 /2 | . T . 1 | 1.6 | | . 6.4. | | | | | | |
| Business of | r Residence | : Address (I | Number and | Street, Cr | ty, State, Z | ip Code) | | | | | | |
| Name of A | ssociated B | roker or D | ealer | | <u> </u> | | | | | | | |
| | Vhich Perso All States" | | | | | urchasers | | | <u> </u> | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [FL] [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Box \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt \$0.00 \$0.00 \$0.00 Common Preferred Convertible Securities (including warrants) \$3,000,200.00 \$1,971,641.92 \$0.00 Other (Specify \$0.00 Total \$3,000,200.00 \$1,971,641.92 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases \$1,971,641.92 Accredited Investors 24 0 Non-accredited Investors \$0.00 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.

Printing and Engraving Costs.

Legal Fees.

Accounting Fees.

Engineering Fees.

Sales Commissions (specify finders' fees separately)

 Other Expenses (identify)
 \$0.00

 Total
 \$30,000.00

\$0.00

| | C. OFFERING PRICE, | NUMBER OF INVESTORS, EXPENS | ES AND | USE OF PROCES | EDS | |
|---|--|---|-----------|--|-----------------------|--|
| | b. Enter the difference between the aggregate of and total expenses furnished in response to Part gross proceeds to the issuer." | C - Question 4.a. This difference is the | e "adjust | | \$2,970,200.00 | |
| of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. | | | | | | |
| | issuer see total in response to Fart C = Question 4.0 a | above. | | Payments to Officers, Directors, & Affiliates | Payments to Others | |
| | Salaries and fees | | | \$0.00 | \$0.00 | |
| | Purchase of real estate | | | \$0.00 | \$0.00 | |
| | Purchase, rental or leasing and installation of | machinery and equipment | | \$0.00 | \$0.00 | |
| | Construction or leasing of plant buildings and | facilities | | \$0.00 | \$0.00 | |
| | Acquisition of other business (including the va | alue of securities involved in this | | - | | |
| | offering that may be used in exchange for the | | | | | |
| | issuer pursuant to a merger) | | | \$0.00 | <u>\$0.00</u> | |
| | Repayment of indebtedness | | 🗆 | \$0.00 | □ <u>\$0.00</u> | |
| | Working capital | | | \$0.00 | | |
| | Other (specify): | | | | | |
| | | | | \$0.00 | □ <u>\$0.00</u> | |
| | Column Totals | | ····. 🗆 . | \$0.00 | | |
| | Total Payments Listed (column totals added) . | | •••• | \$2,9 | 970,200.00 | |
| | | D. FEDERAL SIGNATURE | | | | |
| οl | e issuer has duly caused this notice to be signed lowing signature constitutes an undertaking by the staff, the information furnished by the issuer to any | issuer to furnish to the U.S. Securities ar | nd Excha | nge Commission, u | | |
| SS | uer (Print or Type) | Signature | | Date | | |
| PI | XIM, Inc. | | | March - | 3 , 2005 | |
| Va | ume of Signer (Print or Type) | Title of Signer (Print or Type) | | | , | |
| Cł | nristopher L. Kaufman | Secretary | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)